

220323

2007-95-T

ADDRESS CHANGE FORM

File the original with:

Public Service Commission of South Carolina
 Docketing Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

DATE: 11-09-09

Please consider this my request for an Address Change of the following certificate:

☐ Class C Taxi Certificate Number _____☒ Class C Charter Certificate Number _____☐ Class C Charter Bus Certificate Number _____☐ Non-Emergency Certificate Number _____☐ Class E Household Goods Certificate Number _____☐ Class E Hazardous Wastes Certificate Number _____

RECEIVED

NOV 16 2009

PSC SC
DOCKETING DEPT.

Carriageholdings of South Carolina d/b/a The Carriage Co.
 Name of Company (Include DBA if applicable)

I am changing my: ☐ Street Address ☐ Mailing Address ☒ Both

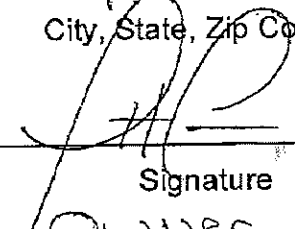
8 middlewick ct
 New Street Address

Simpsonville, S.C. 29681
 City, State, Zip Code for Street Address

8 middlewick ct
 New Mailing Address

Simpsonville SC 29681
 City, State, Zip Code for Mailing Address

864-327-7267
 Telephone Number


 Signature
 Owner
 Title (President, Owner, etc.)

ORS Revised 9-12-08

